



DENTAL PUBLIC HEALTH AWARD and ENDOWMENT GRANT APPLICATION

Criteria and Nomination Form

*Deadline for submitting applications: **Friday, August 29th, 2025***

In keeping with its work and mission, the **N.C. Dental Society Foundation** is pleased to announce its:

- 1) **2025 Dental Public Health Award**, which is a gift of \$1,500 to a deserving organization and presented at the N.C. Public Health Association's Fall 2025 Education Conference.
- 2) **Endowment Grants**, which will award up to **four** organizations with a gift of \$5,000/each to be used to further the oral health needs in NC.

For both categories, nominees must have met one or more of the following objectives:

- Improved the oral health outcomes of children and/or adults (direct services)
- Improved access to dental services
- Collaborated with community partners to meet the community's oral health needs
- Educated the public on the importance of preventative oral health practices

Nominees must be tax-exempt nonprofit organizations or clinics (public and private sector) under Section 501(c)(3) of the Internal Revenue Code or a government agency.

Self-nominations are permitted and encouraged.

If your organization was a past recipient in 2024 in either category, you will need to wait one full year (until 2026) to apply in either category.

Please complete the entirety of the form to be considered for both the Dental Public Health Award and the Endowment Grant Program. Nominees cannot apply for a specific award; this is a general application for both awards. If chosen for either the Dental Public Health Award or the Endowment Grant Program, the organization will be notified.



DENTAL PUBLIC HEALTH AWARD and ENDOWMENT GRANT APPLICATION
Nominee Information

Name of Nominee Organization Website

Key contact of Organization

Address City State Zip

Telephone E-mail

Name, Title of Nominator (provide address/phone/e-mail information if different), Organization

Address City State Zip

Telephone E-mail

Nominee Organization tax status

☐ Tax exempt, 501(c)(3) charitable organization Fed. Tax ID# _____
(include copy of IRS determination letter)

☐ Governmental tax-exempt unit ☐ Other, please specify _____
(include verification) (include verification)

Fiscal sponsor - if your organization is not a 501(c)3 or equivalent entity, please ID your fiscal sponsor below.

Fiscal sponsor name Contact name/title Telephone

Fiscal sponsor address Fed. Tax ID#



DENTAL PUBLIC HEALTH AWARD and ENDOWMENT GRANT APPLICATION Application Form

Project description

Project title: _____

Project summary (limit to space provided): _____

Project classification (check only one category)

☐ Access to care ☐ Prevention education/intervention ☐ Treatment

Statewide: ☐ Yes ☐ No

OR

County(ies) where project will be implemented (list all that apply):

Target population

Primary ethnicity(ies) of target population:

☐ All races

OR

- ☐ African American
☐ Latino
☐ Native American
☐ Asian (specify): _____
☐ Other (specify): _____

Population (e.g., children, elderly, migrant workers, etc.): _____

Age groups _____

Region: ☐ Urban ☐ Rural

Project and organization budget

Type of support requested: ☐ Financial grant

Financial grant: \$ _____ \$ _____ to _____
Amount requested Total project budget Project timetable



Organization operating budget: (Total expenses): \$ _____ \$ _____
Current year Prior year

(Include most current IRS Form 990 or equivalent tax return)

Along with the above forms, please include the following with your submission.

Proposal narrative (no more than six pages, single-spaced, type font 12 pt.)

- ☐ Executive summary (no more than one of six pages)
- ☐ Brief agency overview
- ☐ Need for the project/program
- ☐ Program description including:
 - ☐ Objectives (measurable and time-specific)
 - ☐ Planned activities
 - ☐ Expected outcomes
- ☐ Relevance of the program to one NC Dental Society Foundation Endowment objective
- ☐ Organization qualifications to conduct the program (include key program collaborators)
- ☐ Evaluation (how the objectives and outcomes are measured)
- ☐ Sustainability of the program - during and after - an NC Dental Society Foundation Endowment grant
- ☐ Recognition of NC Dental Society Foundation

Attachments

- ☐ Program budget (additional one-page) including:
 - ☐ Program-related costs
 - ☐ Personnel/salary costs related to the program
 - ☐ Indirect costs
 - ☐ Revenue sources related to the program
- ☐ IRS determination letter
- ☐ Most current tax return B form 990 or equivalent
- ☐ (Optional) One supplemental attachment (i.e. newsletter, brochure)

Email nominee information, application form, proposal narrative, and relevant attachments before or by **Friday, August 29th, 2025** with **ENDOWMENT GRANT & PUBLIC HEALTH AWARD APPLICATION** in the subject line to NC Dental Society Foundation c/o sdcosta@ncdental.org.